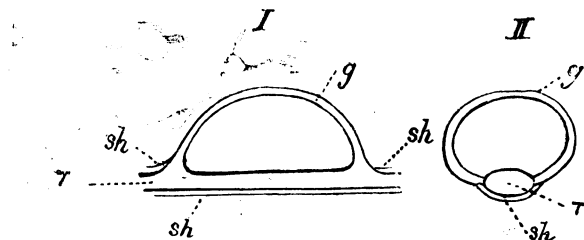


synovitis was set up in the extensor sheath on the back of the wrist, and after a time a ganglion formed. Another patient, a domestic servant, put much strain on the right index finger in her occupation. An effusion occurred into the sheath of the flexor tendon on the palmar surface of the first phalanx. The effusion persisted for a year in a subacute and chronic condition. When the flexor tendons were exposed by an incision, they were found to be pushed forwards by two solid bodies about the size of peas, similar to those found in joints, lodged between the tendons and the palmar surface of the phalanx. A cure with free movement resulted from their removal. Similar ganglia have been found on the dorsal surface of the foot, the tenosynovitis being produced by the rubbing of the boot.

My observations, therefore, show that a ganglion is usually produced by a shutting off of a portion of the tendon sheath by inflammation, so that, as the diagrams indicate, the tendon forms part of the wall of the ganglion.



T. Tendon. sh. Sheath of tendon, not altered. g. Wall of ganglion, consisting of the dilated and thickened sheath. I. Diagram of vertical section through a ganglion. II. Diagram of transverse section through a ganglion.

The chief complaint of a patient suffering from a ganglion is that of diminished power in the muscle affected. This is clearly due to the firm adhesion of the tendon to the wall of the cyst, which prevents it moving freely in its sheath. In all the cases upon which I have operated the loss of power was sufficient to prevent the patient following his occupation. A common method of treatment is forcibly to rupture the cyst, and so allow the tendon to move freely in its sheath again. This can only result in cure when the amount of inflammation has been small and is still capable of absorption. The injection of iodine, etc., increases the amount of inflammatory tissue, and so fixes the tendon more firmly. If the sac wall be excised and passive movement begun early, the tendon regains free movement and the patient his former power. If the ganglion has become compound by extension from one of the flexor tendon sheaths above the wrist into the palm, an incision should be made at either end of the sac and the cavity washed out, after which the incision may be completely closed. The ganglion may not fill again; if it does so, a seton of several strands of silver wire may be passed through, and if careful antiseptic precautions be observed no suppuration will occur, but just sufficient inflammation will have been set up, when the wire is removed after a few days, to cause union to take place between the walls of the ganglion.

I have not had under my care a case of primary tuberculous disease of the tendon sheath. Several children have had tuberculous abscesses in tendon sheaths of the hand or foot, but in all the cases caries of the adjacent bone was found to be the primary lesion. Such cases heal without further supuration after scraping and application of boracic acid powder as a dressing.

WATFORD (Population, 17,000).—*Influenza*.—The general tone of Dr. Brett's rather brief report is favourable, though the death-rate of 1890 (14.5 per 1,000) showed a slight advance on that of the previous year. The proportion of deaths per 1,000 from zymotic diseases is 0.76, a remarkably low rate. Influenza was very prevalent, but not fatal, and there was no approach to any other kind of epidemic. Some sanitary wants, which the health officers appears to have previously pointed out to the local board, seem to be still undealt with by that body.

## MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.

### NOTE ON THE DIRECT CEREBELLAR TRACT.

IN some lectures before the College of Physicians<sup>1</sup> I made the observation that in the cervical region in the monkey the posterior roots, on entering the cord, gave a large number of fibres to the direct cerebellar tract. This statement was based on the examination of three cords from monkeys, on which Mr. Horsley had cut the posterior roots of several cervical nerve pairs. In one of these, figured in the above lectures, the direct cerebellar tract was largely degenerated, the degeneration being traceable quite distinctly into the restiform body. In the other two, which, at the time of publishing the lectures, I had not had time to examine carefully, there was also degeneration of the direct cerebellar tract, but on more careful examination there was found in addition some slight descending lesions which could not possibly have been secondary to nerve root section. This circumstance aroused suspicions as to the cause of the degeneration in the first case, and led me to do two more posterior root sections. In one of these, again, there appeared to be a very few degenerated fibres in the direct cerebellar tract, but in no way so extensive as in the three preceding cases. In the other this tract was quite normal. In all these experiments the postero-lateral column and the fibres passing into the horn are strikingly degenerated and broken up. One is forced, then, to the conclusion that in the cases in which the direct cerebellar tract is affected there must have been some lesion of the tract itself. Such a lesion may be inflammatory, or, as Mr. Horsley suggested, a cutting off of the blood supply of the tract by thrombus, or possibly due to a local irritation after a too free use of carbolic acid. I am bound to say, however, in my sections no evidence of any of these influences can be discovered. In order to eliminate some of these sources of error, I lately made an experimental section of three of the combined anterior and posterior roots on the proximal side of the ganglion, without laying open the dura of the cord. In this case the cord shows characteristic secondary degeneration of the postero-lateral column and also of the fan-shaped fibres entering the horn, but the direct cerebellar tract remains intact. I am therefore inclined to think that my former statement that the posterior roots enter into the composition of the direct cerebellar tract is erroneous, being based on what I now consider to be an error of experiment.

Harley Street, W.

H. H. TOOTH, M.D.

ROSEOLA BALSAMICA AND ROSEOLA SYPHILITICA. J. R., aged 21, came under observation on December 16th, 1890, with a profuse, raised, mostly papular, and very irritable eruption on the trunk, forearms, especially about the back of the wrists and elbows, and front of both thighs. The rash was of a deep red colour, and there were a few abortive wheals on the back. The patient said he had been suffering from gonorrhœa for five or six weeks and had been treating himself with copaiba until the day before, when the rash appeared, the wrists being the parts first affected.

Thus all the usual characters of a rash due to copaiba were present. But it was also noticed that the glands in both groins were enlarged and multiple. On further inquiry the patient stated that a small sore had appeared on the internal surface of the prepuce about the same time as the discharge, and had readily healed under some local application. Neither sore nor scar could now be seen, either at the spot indicated or elsewhere. The history did not assist the diagnosis, as there had been repeated exposure to the risk of contagion for some time. A saline purgative was ordered.

Three days later the itching had disappeared and the rash also, except that on the abdomen it was still faintly marked. But among these darker red remains of the drug rash there were scattered a few lighter red blotches about the size of a sixpence, and these latter were not at all raised above the

surface of the skin. There was still nothing to be seen on the penis in the shape of sore or scar, but on careful palpation of the prepuce a small very slightly indurated spot could be felt. Syphilis was of course diagnosed and mercury prescribed. The induration subsequently increased till a clearly marked nodule could be seen on rolling back the prepuce, but there was no ulceration. The roseola also spread to the chest, back, and limbs, and was followed by a papular syphilide and lesions in the throat of the ordinary kind.

The chief point of interest in the case is that two rashes, which are occasionally liable to be mistaken one for the other, were present at the same time, though in this instance each had its own peculiar characters so well marked that there would have been no excuse for such a blunder. The case also affords a good illustration of how apparently insignificant an affair the primary lesion of syphilis may be, and thus suggests caution in making a positive diagnosis of even the most innocent-looking venereal sore until the incubation period of syphilis has gone by.

Old Burlington Street, W.

ARTHUR COOPER.

#### CANCER OF THE BREAST TREATED BY INJECTION OF METHYL-VIOLET.

THE patient, whose case is described below, presented herself suffering from a well-marked circumscribed indurated tumour of the breast, about the size of a small egg. The case was considered a particularly suitable one for testing the efficacy of Dr. Mosetig's treatment by injection of methyl-violet.

The treatment having been explained to the patient, her consent was readily obtained, and a course of twenty injections was prescribed. This treatment was commenced with a dose of 10 minims of 1 part of methyl-violet in 300 parts sterilised water; administered February 7th, 1891. The injections were given daily. The first ten injections produced no pain and no inflammation of the breast, but, after the tenth injection, a slight redness of the skin became apparent, which increased after each injection. On the fifteenth day of treatment some suppuration of the breast tissue was present, masking, to a great extent, the tumour. The injections were still continued. After the twentieth injection, on careful examination, the tumour being still present, it was decided to remove the breast in the ordinary manner.

The operation was performed by Dr. Hugh Fenton, with strict aseptic precautions, after the manner of Dr. Edgar Kurz, of Florence, described in the *Deutsche medicinische Wochenschrift* of November 20th, 1890, and, although considerable suppuration was present in the breast, the wound healed by first intention at the end of seven days, the only application to the breast having been dry Gamgee tissue, carefully sterilised previous to the operation in the hot air steriliser, as were all the instruments used in the operation, no carbolic acid or iodoform being used at any time during or after the operation.

The breast, on examination after removal, was found to contain a typical tumour of the scirrhus cancer variety. The growth presented no alteration that could be attributed to the injection of the methyl-violet, even when examined, after hardening and staining, by very high microscopic power, such as the  $\frac{1}{2}$ th and  $\frac{1}{4}$ th oil immersion. No degeneration of the cancer structure could be observed around the growth. Considerable suppuration of the glandular tissue of the breast had taken place, which no doubt, under ordinary antiseptic dressing, would have considerably retarded primary union. The result of the treatment by methyl-violet must, in this case, be regarded as purely negative. The rapid healing of the wound speaks greatly in favour of the aseptic sterilised dressing now so largely adopted on the Continent with such good results, Dr. Kurz giving a mortality of 2 in 169 cases of operations, of amputations, resections, laparotomies for perforation in typhoid fever, and other major operations.

Putney.

Edw. F. GRÜN, M.R.C.S., L.R.C.P.

#### A CASE OF EXTREME HYDRAMNIOS.

LATE one night I was called to see a Mrs. A., aged 41, who was expecting to be confined of her eighth child, the messenger saying she was in great pain and "did not know what was the matter with her." I found the woman in great distress and embarrassment of breathing, which had been

increasing for the previous two days. Her legs and the lower part of the abdomen were very dropsical, her face also was puffy. The uterus was enormously enlarged. The os, about the size of a florin, was high up, and no presentation could be felt. By means of a straightened hairpin I punctured the membranes, and immediately the liquor amnii began to rush away, to the great relief of the woman. I caught most of the liquor in a washhand basin, and with it more than filled a 3 gallon pail, the overflow running through the floor into the room beneath. After four or five hours' rest, labour terminated quickly; the child, which was male, lived two days. The woman made a good recovery, all dropsy subsiding.

She accounts for her condition by trouble, being much reduced in circumstances. I did not see the placenta, it being destroyed before my second arrival. The woman suffers from chronic rheumatism and mitral regurgitation. The measured quantity of liquor amnii was 24 pints, besides what escaped on the bed and floor—probably 2 or 3 pints.

Luton, Beds.

HY. C. PAULI.

## REPORTS

ON

### MEDICAL & SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF GREAT BRITAIN, IRELAND, AND THE COLONIES.

#### GENERAL HOSPITAL FOR SICK CHILDREN, PENDLEBURY, MANCHESTER.

##### THE TREATMENT OF TUBERCULOUS ABSCESSSES BY EVACUATION WITHOUT DRAINAGE.

(Under the care of G. A. WRIGHT, B.A., M.B.Oxon., F.R.C.S.)

[Reported by F. H. WESTMACOTT, M.R.C.S., L.R.C.P., Junior Resident Medical Officer.]

OF the first twelve cases treated by the following method during the last two years, ten were successful and two failed. The mode of procedure is as follows: An incision is made over the prominent part of the abscess, or if it arises under an old scar this is excised, the cavity is explored with the finger, and all parts of it well scraped with a sharp spoon. In some cases partial excision of the abscess has been accomplished. Hot perchloride of mercury solution (1 in 3,000) is next used to flush out the cavity, remove all *débris*, and arrest oozing. A series of sponges made of absorbent wool covered with carbolic gauze are next taken in a pair of forceps and screwed into all parts of the abscess cavity, which is thus well dried and wiped out. Iodoform emulsion is injected with a glass syringe, the wound orifice being closed by a sponge; the part is filled to distension, waxed silk sutures are put in the edges of the wound, excess of emulsion is squeezed out, and the sutures are then tied. Iodoform and boracic powder is then dusted on the part. A small piece of carbolic gauze dipped in perchloride (1 in 3,000) is laid on, and then plenty of wood-wool wadding is employed as dressing. A gauze bandage exerts some pressure on the part, which is augmented by an elastic webbing bandage. In a fortnight or so, the part is dressed, and the sutures are removed. If the discharge "comes through," the outside of the dressing is well soaked with perchloride solution (1 in 3,000) and packed with wood-wool wadding.

Although in the following cases a solution of mercury has been used to flush out the cavity, there have been only one or two instances in which there has been any shock or rise of temperature following the operation. One cannot, therefore, quite agree with Mr. Barker in saying that these symptoms are due to the use of germicide in the flushing; though in cases of spinal caries it is perhaps safer to use a solution of boracic acid.

For the use of notes of some cases, I am indebted to Mr. Bowman, Mr. Melland, and Mr. Williams.

CASE I.—A. W., aged 4, was admitted on January 16th, 1889, suffering from morbus coxae. Her mother died of phthisis. Twelve months ago, lameness in walking was first noticed. Eight months ago she had a Thomas's hip splint put on, and has worn it ever since. Has had night cry six or seven weeks. Pelvis tilted up on right side; foot everted, shorten-

of very high standing. Affiliation of the provident dispensaries with the hospitals, if it could be carried out satisfactorily, would be very desirable.

Mr. R. G. GILBERT (Secretary) said that the West London Hospital, Hammersmith, was a general hospital without a school. The letter system obtained at the hospital, and every patient was required to bring a letter. The out-patients, even if they had not a letter, were, however, treated once by the resident medical officers. There were 101 beds, including ten in special wards. The hospital was started as a dispensary; there were several special wards, and diphtheria and other cases were isolated. Such infectious cases as scarlet fever, small-pox, and typhus were not admitted. There were four resident medical officers; they were under the House Committee, which was practically the administrative body of the hospital. The average number of the working beds was 88.69 for the last three years, and last year it was 94.45. There was a large out-patient department. The average number of new cases for the last three years was 21,000, and of attendances 60,700. From some of the medical staff there had been complaints of the extraordinary number of cases they had to see. The population the hospital served was probably 500,000. The hospital was assessed at £310, and it stood in grounds of nearly four acres. He then proceeded to give details of the expenditure and income of the hospital.

The Committee then adjourned.

## ASSOCIATION INTELLIGENCE.

### GRANTS FOR SCIENTIFIC RESEARCH.

THE Scientific Grants Committee of the British Medical Association desire to remind members of the profession engaged in researches for the advancement of medicine and the allied sciences, that they are empowered to receive applications for grants in aid of such research. Applications for sums to be granted at the next annual meeting should be made without delay to the General Secretary, at the office of the Association, 429, Strand, W.C. Applications must include details of the precise character and objects of the research which is proposed.

Reports of work done by the assistance of Association grants belong to the Association.

Instruments purchased by means of grants must be returned to the General Secretary on the conclusion of the research in furtherance of which the grant was made.

### BRANCH MEETINGS TO BE HELD.

**SOUTH-EASTERN BRANCH: WEST KENT DISTRICT.**—The next meeting of this District will take place on Thursday, May 28th, at Gravesend, Mr. O. R. Richmond in the chair. Gentlemen desirous of reading papers or exhibiting specimens are requested to inform the Honorary Secretary of the District, Mr. A. W. Nankivell, St. Bartholomew's Hospital, Rochester, not later than May 2nd, 1891. Further particulars will be duly announced.

**SOUTH-EASTERN BRANCH: EAST KENT DISTRICT.**—The annual meeting of the above District will be held at Canterbury on Thursday, May 14th, Mr. Brian Rigden in the chair. A discussion will take place on Koch's Treatment of Tuberculosis.—W. J. TYSON, Honorary Secretary, 10, Langhorne Gardens, Folkestone.

**EAST ANGLIAN BRANCH: ESSEX DISTRICT.**—A meeting will be held at Brentwood on Thursday, May 21st. Gentlemen having communications to bring before the meeting are requested to notify the Honorary Secretary of the District, Mr. C. E. Abbott, Braintree, as soon as possible. Further particulars will be duly announced.

**METROPOLITAN COUNTIES BRANCH: NORTH LONDON DISTRICT.**—The next meeting of this District will be held at the Tottenham Hospital, The Green, Tottenham, on Thursday, April 30th, at 8 P.M., Sir William Mac Cormac, President of the Metropolitan Counties Branch, in the chair. Dr. F. de Havilland Hall will read a paper on "Clinical Notes on Diseases of the Pharynx." Discussion to follow. Some interesting cases from the wards will also be exhibited. All registered medical men, whether members of the Association or not, are earnestly invited to attend these meetings.—GEORGE HENTY, M.D., Honorary Secretary.

**METROPOLITAN COUNTIES BRANCH: WESTERN DISTRICT.**—A meeting of this District will be held on Tuesday, April 28th, at the Lyric Hall, Ealing Broadway. The chair will be taken by Mr. F. C. Dodsworth, L.R.C.P., at 8.30 P.M. A paper will be read and a demonstration given by Mr. W. J. Walsham, F.R.C.S., Assistant Surgeon St. Bartholomew's Hospital, on "Nasal Obstruction and its Treatment." The honorary secretary will be pleased to receive notice of papers or specimens of interest (microscopical, pathological, or clinical).—C. A. PATTEN, Honorary Secretary, Marpool House, Ealing.

**NORTH OF ENGLAND BRANCH.**—The spring meeting will be held at Sunderland, on Thursday, April 30th, at 3.30 P.M. Notices of papers, etc., should be sent in at once.—G. E. WILLIAMSON, F.R.C.S., Honorary Secretary, 22, Eldon Square, Newcastle-upon-Tyne.

**SOUTHERN BRANCH: SOUTHAMPTON DISTRICT.**—The next meeting of the District will be held at 1, Grosvenor Square, Southampton, on Tuesday, May 5th, 1891, at 8 P.M. After the election of officers and examination of accounts a paper will be read by Professor Henry Cayley, F.R.C.S., Army Medical School, on Some Functional Diseases of the Heart.—THEOPH. W. TREND, M.D., Local Secretary.

**SOUTH-EASTERN BRANCH: EAST SURREY DISTRICT.** THE spring meeting of this District was held at the Queen's Hotel, Upper Norwood, on March 12th, Mr. H. G. PLIMMER, of Sydenham, in the chair.

*Next Meeting.*—After the minutes of the previous meeting had been read and confirmed, it was resolved that the next meeting be held at Croydon, on Thursday, May 14th.

*Communications.*—Mr. J. SIDNEY TURNER read notes of a case of Malignant Disease of the Sigmoid Flexure in a patient aged 66, where acute obstruction came on suddenly after an aperient, and death occurred in twelve days without sickness or rise of temperature.—Dr. JOHN H. GALTON described a case of Traumatic Pemphigus.—Mr. CHARTERS J. SYMONDS described the Nature and Treatment of Goitre, showing patients on whom he had operated, as well as photographs and specimens of tumours removed. Unilateral goitre was usually cystic, and had a distinct capsule, which could be easily dissected out without fear of hæmorrhage. Bilateral goitre was mostly parenchymatous, and, as it was unwise to attempt removal of the entire organ, Mr. Symonds advised resection of the lateral lobes, leaving the portion over the trachea which covered the vessels and recurrent laryngeal nerves.—Mr. ECCLES and Dr. JOHN GALTON made remarks.—Dr. ARMAND RUFFER read notes on the Pathological Anatomy of Infectious Diseases, and showed a series of slides illustrating them in a magic lantern with oxy-hydrogen light. These included specimens showing the bacilli in the process of destruction by the leucocytes, and the changes that occur in such diseases as diphtheria, actinomycosis, splenic fever, etc.

*Dinner.*—After the meeting nineteen of the members dined together.

A MEETING of this Branch was held on April 2nd at the Royal Surrey County Hospital, Guildford, Mr. C. J. SELLS, President of the Branch, in the chair.

*Communications.*—Dr. RUSSELL: A Case of Removal of the Kidney for Cystic Disease—successful; also a Case of Compound Depressed Fracture of the Skull; depressed portions removed; recovery.—Dr. GABB: A similar case.—Dr. MORSHEAD: A Case of Necrosis of Whole of the Clavicle following Measles.

### MIDLAND BRANCH: LINCOLNSHIRE DISTRICT.

A MEETING was held at the Town Hall, Louth, on April 16th, Mr. PILCHER, President of the Branch, in the chair.

*Papers and Cases.*—Dr. ELDER: The Treatment of Tuberculous Peritonitis by Abdominal Section. Dr. MANSEL SYMPSON: Congenital and Infantile Spastic Palsies, with Notes of One Case of Each Form. Dr. PALEMON BEST: Suppression of Urine. Mr. CANT: A Case of Destruction of the Lower Lid by Lupus, and its Complete Restoration by Transplantation, a large piece of skin being removed from the forearm for the purpose. Dr. CARLINE: A Case of Buphthalmos.

*Luncheon.*—Luncheon took place before the meeting, at the Masons Arms Hotel.

*Influenza.*—Several members were prevented attending the meeting, owing to the prevalence of influenza in the neighbourhood.

## SOUTH WALES AND MONMOUTHSHIRE BRANCH.

The spring meeting of this Branch was held on April 15th at Pontypridd, Dr. PRICE (Cardiff), President, in the chair. About thirty members were present.

*Papers, etc.*—Mr. EMIL BEHNKE read a paper on the Nature and Treatment of Stammering and Stuttering, etc.—Mr. R. T. E. DAVIES (Tredegar): A case of Extensive Epithelioma (?) of the Face, which Perforated the Cavity of the Mouth, treated successfully by the application of strong Nitric Acid. The patient was shown.—Dr. J. TATHAM THOMPSON (Cardiff) presented two communications (1) Removal of Steel from Retina by Electro-magnet; case shown. (2) Transplantation of Mucous Membrane to Eyelids for Entropion; cases shown.—Mr. H. N. DAVIES (Cymer) showed cases (1) Fracture of Skull with Depression, with Dislocation of Right Hip and Fracture of Left Femur. (2) Chopart's Operation, in which the Tendon of Tibialis Anticus was left attached to the Flap, giving a very useful foot.

*Midwives Bill.*—It was resolved that the Midwives Registration Bill be not discussed.

*New Members.*—The following gentlemen were elected members of the Association and Branch:—R. A. Forde, Merthyr; D. Naunton Morgan, Gilfach Goch; Elmes Y. Steel, Abergavenny; Arthur E. Poolman, Abergavenny; C. B. Gratte, Newport; L. D. Gamble, M.B., Abergavenny (Branch only); G. H. Browne, Brynmawr (Branch only); E. H. Jones, M.B., Dowlais.

*Vote of Thanks.* A vote of thanks was passed to Mr. Behnke for his paper.

*Dinner.*—The members and friends subsequently dined together at the New Inn Hotel.

## SPECIAL CORRESPONDENCE.

## BERLIN.

*Another New Cure for Consumption.—A Lost Essay by Goethe.*

THE announcement of "a new cure for consumption" has ceased to arouse any excitement in Berlin, and thus Dr. Tranjen's publication in the *Berliner Klinische Wochenschrift* of April 20th, though interesting enough in itself, and though accompanied by encouraging remarks by Professor Ewald, is received with little more than—"we shall see" and "time will show." The time for enthusiastic hopes is over—in fact, medical men seem almost ashamed that there ever should have been such a time, and determined that their critical faculty shall not again be caught napping. Dr. Tranjen's remedy is a solution of hydrargyrum thymolo-aceticum, which he injects into the gluteal muscles once in seven or ten days. After the second or third injection, a dessertspoonful of a solution of potassic iodide (5 in 200 grammes) is given internally three times a day. Dr. Tranjen says: "(1) In cases in the initial stage of pulmonary consumption I have, in a very short space of time, effected so great an improvement that, should it continue, the cases may be considered as cured. (2) In cases where the disease was not too far advanced, I have been able to observe improvement—decided, though varying in degree. (3) Even in very serious cases I have observed no ill effects, with the exception of a slight rise of temperature."

Professor Bardeleben, of Jena, has found amongst Goethe's unpublished papers in Weimar an essay "On the Comparative Anatomy of the Skull of Mammalia," written throughout in Goethe's own hand. The essay is dated 1794. Professor Bardeleben will read a paper on the subject at the Anatomical Congress to be held at Munich next month, and probably the essay itself will be printed in one of the forthcoming "Goethe-Jahrbücher."

## LIVERPOOL.

*The Use of Cantharidinate of Potassium in Tuberculosis.—Localised Paralysis: a Cortical Injury.*

At a recent meeting of the Medical Institution Dr. W. Carter related his experience of the use of cantharidinate of potassium in a few cases of tuberculous disease. The results he had so far obtained were not encouraging. The injections

gave rise to intense pain at the point of introduction, an inconvenience that was, however, speedily obviated by the preliminary injection of a little cocaine. Considerable gastric pain and albuminuria frequently resulted, and no improvement occurred in the condition of the patients beyond what might reasonably be expected from the general care they received in hospital.

An interesting case of limited paralysis from injury to the cerebral cortex lately came under treatment in the Northern Hospital. A youth, aged 15, received a kick from a horse on the left side of the head. When admitted he was in a semi-conscious state, and there was a compound depressed fracture of the cranium situated about three inches above the left ear, corresponding pretty nearly to the lower part of the arm centre. There was escape of brain matter. Mr. Mothersole, the house surgeon, trephined and removed the depressed bone. Consciousness returned, and it was then ascertained that there was paralysis of the right arm and slightly of the side of the face, but none of the leg, and speech was not affected. At the end of a week power began to return in the arm, but for some time the patient could write better with the left than with the right hand. There was no agraphia. Six weeks after the accident all trace of paralysis had disappeared.

## CORRESPONDENCE.

## FACTORY LEGISLATION AND CERTIFYING SURGEONS.

SIR,—The victory which has been won for the certifying surgeons by the rejection of Clause 19 of the Factory and Workshops Bill is a matter for congratulation not only in the interests of the profession, but in the interests of public health. It would have been a retrograde and disastrous step to have abolished an office which has been shown, during the discussion in Committee, to be most useful in the protection of weakly children and in the prevention of disease. The physical fitness of the worker must still be a matter of State concern, and future legislation will have to use the medical profession more and more for the enforcement of sanitary precautions and provisions. In the present instance a great danger has been overcome by the vigilance and activity of the Parliamentary Bills Committee of the British Medical Association, which has been able, by means of its permanent organisation, to assist the representatives of the certifying surgeons in placing their case to the best advantage before the Standing Committee on Trade. The greatest praise is due to Mr. Mundella for his influential aid throughout the struggle in Committee, where he was ably supported by Dr. Farquharson. I hope the success which organised action, although taken somewhat late, has won in this case, will teach us to rely more and more on wise combination to lessen the political powerlessness of the medical profession.—I am, etc.,

Birmingham.

WALTER FOSTER.

## PROPOSED RECONSTITUTION OF THE UNIVERSITY OF LONDON.

SIR,—Dr. Hale White, in a letter in the *BRITISH MEDICAL JOURNAL* of April 18th, states that there "are some grave misconceptions about the scheme of the Senate of the University of London." There are, but nowhere have I seen or heard of them in greater profusion than in Dr. White's letter. I have been comparing it with the last promulgated scheme which has been officially forwarded to us, and with your permission I will mention a few of the discrepancies between the two.

1. Dr. Hale White states that provincial colleges connected with other Universities will be ineligible to become constituent colleges. This is not the case, as the scheme only states that in considering the application of an institution for admission regard shall be had to its relation to any other college. There is nothing prohibitive in this regulation (23 e.).

2. He proceeds to tell us that the Senate has the power of refusing to admit provincial colleges. There is a half truth in this, but the other half, which has been omitted, is that any college refused admission has a right to appeal to the

Brigade-Surgeon W. MOIR, M.B., Bengal Establishment, civil surgeon of Meerut, is permitted to retire from the service from April 1st. He entered the service as Assistant-Surgeon January 20th, 1860, and rose to be Brigade-Surgeon April 26th, 1888.

Surgeon E. L. C. SMITH, Bombay Establishment, has been appointed to the medical charge of the Baroda Residency, in addition to his own duties with the 1st Bombay Grenadiers.

Surgeon T. D. C. BARRY, Bombay Establishment, is appointed to the medical charge of the 6th Cavalry (Jacob's Horse), *vice* Surgeon-Major J. McCloghry, transferred to the civil department.

Deputy Inspector-General DONALD MACFARLANE, M.D., late of the Madras Establishment, died on April 12th, near Paris, on the journey home, aged 77.

#### THE VOLUNTEERS.

MR. PETER MURRAY KERR, M.B., is appointed Acting-Surgeon to the 3rd Volunteer Brigade King's Own Scottish Borderers (late the 1st Dumfriess), and Mr. WALTER KING LOVELESS is appointed Acting-Surgeon to the 1st Volunteer Battalion Hampshire Regiment (late the 1st Hampshire); both appointments being dated April 18th.

Surgeon and Surgeon-Major (ranking as Lieutenant-Colonel) J. TURNER, of the 1st Herefordshire, has resigned his commission, with permission to retain his rank and uniform. He dates as Surgeon from August 9th, 1881, and as Surgeon-Major from February 1st, 1889.

Surgeon and Surgeon-Major (ranking as Lieutenant-Colonel) T. D. BUCHANAN, M.D., 5th Volunteer Battalion Highland Light Infantry (late the 10th Lanarkshire), has also resigned his commission with a like permission. His commission as Surgeon is dated September 1st, 1889; that of Surgeon-Major February 1st, 1889.

ACTING-SURGEON (OF VOLUNTEERS) will find information concerning the subjects of the proficiency examination, and also the names of books which would be required to be read, in the *BRITISH MEDICAL JOURNAL* of April 11th, p. 826.

## UNIVERSITIES AND COLLEGES.

### UNIVERSITY OF EDINBURGH.

#### GENERAL COUNCIL.

AT the recent statutory half-yearly meeting of the General Council of Edinburgh University a report of the Committee appointed for the consideration of communications to the Universities Commissioners was presented. This report urged the adoption of a summer session in the Faculty of Arts, at least, such as already exists in Medicine; it expressed a general approval of the proposals made by the University Court with reference to graduation in science. These proposals have already appeared in the *BRITISH MEDICAL JOURNAL*. The Committee further approve of the proposals that (1) the extramural teachers should be included in the list of examiners for their respective subjects, along with qualified persons who are neither professors nor extramural teachers; and (2) that the number of examiners should be sufficient to prevent the possibility of any candidate being examined wholly or chiefly by the professor or the extramural teacher in the subjects of his own lectures.

The Committee support the view that the oral examinations for degrees should be open to all members of the University, inasmuch as the practice would be beneficial to subsequent candidates, and would increase public confidence in the character of the examinations.

The Committee report themselves as favourable to the general principle that women should be admitted to the same facilities of university education and the same privileges of graduation as men. But they recognise the practical difficulties which surround this subject, and as one of these is the financial difficulty in a specially aggravated form, the Committee find in this circumstance an excuse for not at present entering into any further details on this subject.

The Committee hope that arrangements may be made whereby the facilities to graduates for carrying on researches in the University laboratories may be increased, and the cost, if possible, be diminished.

The Committee also suggest that the present regulation with regard to the University Library, by which an annual fee of 10s. 6d. is charged to the members of the General Council, is adverse to its use by them. They suggest that a single payment of £1 would be much more likely to meet the convenience of members of Council, and would not diminish much, if at all, the revenue of the University.

The last point of importance in the report was the status and remuneration of university assistants. The Committee stated that the subject of the position of university assistants was one of much interest to the members of Council. But it is so connected, the report stated, with financial considerations

that the Committee are only able to announce some general conclusions, which may, they fear, give the report on this point less of a practical character than they would desire. The Committee, however, have no difficulty in expressing their opinion as regards the tenure of the office of assistant to a professor. While they think he should be appointed as at present by the Court, on the recommendation of the professor, they are of opinion that wherever any part of his emolument is derived from University funds he should be removable only by the Court. As regards the period of tenure, the Committee think that, while it is impossible to lay down an absolute rule, senior assistants should hold office for a longer period than one year. The requirements of different chairs, or even of the same chair at different times, vary so much that perhaps a flexible system which would allow the period to be fixed from time to time with reference to each chair would be most expedient. With regard to emoluments, the Committee are of opinion (1) that any fees derived from instruction given by assistants, and not by professors, should, after deduction of whatever might be deemed reasonable for university purposes and class expenses, be appropriated to the payment of the assistants who give such instruction. (2) That the aim should be to obtain for senior assistants, who give their whole time to university work, a salary at least equivalent to that attached to tutorships at the English universities, which may be estimated at from £200 to £300 a year, and for junior assistants payment in proportion to their time employed. The tutors of the English universities, it must be remembered, generally hold, in addition to their tutorships, fellowships with emoluments, including rooms, of the value of from £150 to £250 a year.

THE University of Edinburgh has conferred the honorary degree of LL.D. on Dr. John Beddoe, B.A., F.R.S., on account of his eminence as a physician, as a scientist, and especially as an anthropologist; and on Sir George Murray Humphry, F.R.S., of Cambridge.

VANS DUNLOP SCHOLARSHIPS.—The Vans Dunlop Scholarship in Chemistry and Chemical Pharmacy, of the annual value of £100, and tenable for three years, has been awarded to William Cossar MacKenzie, D.Sc. The Vans Dunlop Scholarship in Anatomy, Physiology, Materia Medica, and Pathology, has been awarded to Robert Hutchison.

SECOND PROFESSIONAL EXAMINATION.—In addition to those whose names have already appeared in the *BRITISH MEDICAL JOURNAL*, the following have passed the Second Professional Examination for the Degrees of M.B. and C.M.:

G. B. Anderson, W. C. Anderson, M.A., J. R. Armstrong, W. D. Barrow, A. Beccroft, H. P. D'A. Benson, C. H. Bond, M. R. Bow, D. H. Burn, A. Cameron, F. Cargill, J. F. Carruthers, J. G. Christie, M.A., P. G. Cilliers, G. P. Coldstream, H. D. Coles, J. W. Craig, R. W. Duncan, C. R. Edmondson, J. L. Ferris, W. Fitzgerald, W. T. Fox, T. G. Goldie-Scott, G. K. Grimmer (with distinction), J. B. Hawthorn, J. A. Hamilton, L. E. Hardy, F. J. Hare, B.Sc., J. H. Johnson, J. L. Jones, H. W. G. Lander, T. Lawson, H. C. Lloyd, G. O. M. Lunt, J. McDonald, J. Maclean, M.A., A. H. M. Macmoran, G. W. F. Macnaughton (with distinction), P. O. Malabre (with distinction), J. C. Maxwell, M.A., R. Maxwell, D. Melville, J. E. Moorhouse, M.A., B.Sc., D. G. M. Munroe, J. H. Murray, P. W. Nichol, A. A. O'Hara, I. J. H. Oldmeadow, J. Owen, G. W. Park, C. Parker, W. H. Pimblett, C. F. Ponder, R. Proudfoot, M. M. Rattray, G. P. Richards, A. Robertson, H. A. Robertson, J. L. Russell, W. A. Rutherford, W. Scott, T. Sidebottom, J. P. Somerville, St. J. Stanwell, R. Stephens, A. G. Talbot (with distinction), M. W. Talbot, G. D. S. Thom, J. L. Thompson, J. B. Thomson, A. C. Turner, C. C. B. Tyrie, A. H. H. Vizard, A. Walker, M.A., J. Wallace, D. C. Watson, J. K. Watson, W. T. Wearing, E. Williams, R. Williams, J. C. Wilson, M. Young, W. Young.

### UNIVERSITY OF ABERDEEN.

UNIVERSITY COURT.—A meeting of the Court was held last week. Mr. P. J. Anderson, LL.B., was appointed to serve on the Committees of which Mr. Garden was a member. Drafts of standing orders were considered, and after discussion were approved. The draft representation to the Commission in reference to the proposed alteration of the rule, making it imperative on the Senatus to hold its meetings at Old Aberdeen, was submitted, and—Principal Geddes dissenting—was finally approved. Accounts incurred in connection with the Rectorial Address were submitted on the part of the Students' Representative Council, and were referred to the Finance Committee. Estimates were accepted for the drainage and plumbing arrangements of Marischal College Buildings. Dr. Angus Fraser and Dr. Milligan cautioned the Court to keep a



more watchful eye on the expenditure of money. The Dean of the Medical Faculty was authorised to procure safes for the custody of the University records.

**CINGALESE STUDENTS UNION.**—The Cingalese students at Aberdeen University have formed a union, which was formally inaugurated at a supper held in the Imperial Hotel last week. The Lord Rector was among the guests.

#### UNIVERSITY OF ST. ANDREWS.

The following gentlemen, having passed the required Examinations, had the degree of Doctor of Medicine conferred upon them on April 16th:

J. W. Anderson, L.F.P.S. and L.M.Glas., Glasgow; R. H. Barker, M.R.C.S.Eng., L.S.A.Lond., Hungerford; A. Graham, L.R.C.P.Ed., L.R.C.S.Eng., Currie; F. Hollinshead, M.R.C.S.Eng., L.S.A.Lond., Selly Oak; J. H. Honeyman, L.R.C.P.Ed., L.R.C.S.Eng., Auckland, New Zealand; J. F. Horne, L.S.A.Lond., L.F.P.S.Glas., F.R.C.S.Eng., Barnsley; L. S. Mackenzie, L.R.C.P.Ed., L.R.C.S.Eng., Bradford; J. Nairn, L.R.C.S.Eng., Glasgow; F. La C. Thorne, M.R.C.S.Eng., L.S.A.Lond., Leamington; A. Wheeler, L.S.A.Lond., M.R.C.S.Eng., L.R.C.P.Lond., London.

A THOUSAND pounds has been given to St. Andrews University towards the endowment of a botanical lectureship or future chair in the United College.

#### UNIVERSITY OF DURHAM.

**FACULTY OF MEDICINE.**—Examinations for Degrees in Medicine and Surgery. April, 1891. Second Examination for the Degree of Bachelor in Medicine. The following candidates have satisfied the Examiners:

*Honours. First Class.*—J. A. H. White, Queen's College, Birmingham.  
*Honours. Second Class.*—G. C. B. Kempe, College of Medicine, Newcastle-upon-Tyne; C. H. Bryant, College of Medicine, Newcastle-upon-Tyne; A. W. Scott, Yorkshire College, Leeds; F. H. Browne, College of Medicine, Newcastle-upon-Tyne; H. E. Gamlen, College of Medicine, Newcastle-upon-Tyne; S. McCoull, College of Medicine, Newcastle-upon-Tyne; B. H. Morris, College of Medicine, Newcastle-upon-Tyne.

*Pass List.*—J. Braithwaite, College of Medicine, Newcastle-upon-Tyne; E. Bromley, Yorkshire College, Leeds; A. G. Cooley, Sheffield School of Medicine; W. H. D. P. D'Esterre, St. Mary's Hospital; F. W. Fullerton, St. Thomas's Hospital; J. S. Hall, College of Medicine, Newcastle-upon-Tyne; W. E. Harker, College of Medicine, Newcastle-upon-Tyne; T. Hartigan, Medical School, Catholic University, Dublin; A. S. Hedley, College of Medicine, Newcastle-upon-Tyne; H. D. Hey, St. Mary's Hospital; D. N. Jackson, College of Medicine, Newcastle-upon-Tyne; H. D. Johns, M.R.C.S., L.R.C.P., Charing Cross Hospital; R. V. Lloyd-Williams, College of Medicine, Newcastle-upon-Tyne; G. E. Middlemist, London Hospital; H. B. Morison, College of Medicine, Newcastle-upon-Tyne; M. Richards, London Hospital; A. Y. Richardson, College of Medicine, Newcastle-upon-Tyne; T. J. Selby, Edinburgh School of Medicine; H. Smurthwaite, College of Medicine, Newcastle-upon-Tyne; F. W. Stokes, University College, London; A. E. Thompson, College of Medicine, Newcastle-upon-Tyne; T. C. Visser, College of Medicine, Newcastle-upon-Tyne; O. Watson, College of Medicine, Newcastle-upon-Tyne.

Examination for the Licence in Sanitary Science. April, 1891. The following candidates have satisfied the Examiners: W. H. Cheetham, M.D.; R. P. Shearer, M.B., C.M.Glasg.; T. Smailes, M.R.C.S.Eng., L.R.C.P.Edin.; C. H. Tattersall, M.R.C.S.Eng., L.R.C.P.Lond.

**EXAMINING BOARD IN ENGLAND BY THE ROYAL COLLEGES OF PHYSICIANS AND SURGEONS.**—The following gentlemen passed the Second Examination of the Board in Anatomy and Physiology at a meeting of the Examiners on Thursday, April 16th:

E. F. H. Hardenberg, H. A. Duffett, and J. A. Howard, students of Guy's Hospital; A. Baldwin, of Middlesex Hospital; T. H. Woodfield, of St. Bartholomew's Hospital; R. L. Jones and T. Harrison, of University College; E. W. Joscelyne, of St. Mary's Hospital; A. F. Goldsmith, of St. George's Hospital; J. A. Edwards, G. M. Hetherington, J. S. Boden, and W. R. Bryett, of King's College; and G. M. Dawkin, of London Hospital.

Passed in Anatomy only:

A. M. Wilkinson, of Westminster Hospital; A. G. Ince and W. Escombe, of Charing Cross Hospital; C. C. Parsons, of St. Mary's Hospital; W. H. Horton, of St. Bartholomew's Hospital; and R. A. Fegan, of St. Bartholomew's Hospital and Mr. Cooke's School of Anatomy and Physiology.

Passed in Physiology only:

O. O. Williams and J. G. Fowler, of London Hospital; J. Grech, of St. Mary's Hospital; H. Hewetson, of Guy's Hospital; and W. J. Robertson, of Charing Cross Hospital.

Passed in Anatomy only on April 17th:

H. W. Clarke and E. S. Chilcott, of St. Mary's Hospital; G. H. Steele, A. White, and E. S. Hoare, of Guy's Hospital; C. M. Spain, W. S. Mayne, and M. Dick, of University College; S. R. Wright, M. T.

Archdally, E. Parsons, and P. C. Spark, of Charing Cross Hospital; R. W. Dillon, C. W. Grant-Wilson, H. W. Osborn, and F. W. J. Goodhue, of St. Thomas's Hospital; C. Corben, of St. Bartholomew's Hospital; and G. R. Hannon, of King's College.

320 candidates presented themselves in anatomy and physiology, of whom 184 passed in both subjects, 45 in anatomy only, and 35 in physiology only, and 56 were referred in both subjects. In anatomy only, 29 candidates presented themselves, 21 of whom passed. In physiology only, there were 28 candidates, of whom 24 passed.

**ROYAL COLLEGES OF PHYSICIANS AND SURGEONS OF EDINBURGH AND FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.**—The quarterly examinations took place in Edinburgh in April with the following results:

*First Examination.*—Of 31 candidates, the following 21 passed: A. A. Hill, Norwich; A. H. Field, Yorkshire; J. O'Connell, co. Kerry; E. A. Rowan, Kilkenny; S. W. Pitcher, Talbot, Australia; G. H. Williams-Parry, Carnarvon; J. K'Kerrow, Liverpool; G. Prentice, Carnwath; H. W. Vaughan, Torrington; T. P. Powell, Talgarth; C. H. van Straubenzee, Dover; Grace H. Giffen, Roxburghshire; Mary Janet Dodds, Corstorphine; P. Sullivan, co. Cork; W. J. Read, Dublin; J. A. Campbell, Victoria; P. J. Murphy, Cork; W. S. Harvison, New South Wales; Adele Jeanne Chrestien Akayab, India; M. G. Wilkins, Madras; and J. H. Fellows, Wednesbury.

*Second Examination.*—Of 50 candidates, the following 30 passed: A. W. Hall, Lincolnshire; E. J. Winston-Waters, New Zealand; J. J. Gray, Dublin; T. Messenger, Silloth; W. A. Lloyd-Davies, Abergele; C. A. Smith, Leeds; T. W. Bartlett, Southsea; R. H. F. Boslock, Leicestershire; G. H. Johnstone, Belper; A. Phillips, Coventry; R. J. Blackham, Belfast; R. Morris, co. Cork; P. J. Turnbull, Edinburgh; W. Wardman, Yorkshire; H. A. Jones, co. Cork; H. Campbell, co. Antrim; J. English, Armagh; A. P. Stinson, co. Armagh; P. F. Evans, Cork; Edith Grace Collett, Madras; O. S. Maunsell, co. Waterford; R. D. Jameson, Trinidad; W. R. Thrower, Tasmania; L. C. Murphy, Melbourne; W. L. Lovett, Tullamore, Ireland; J. T. McArthur, co. Tyrone; J. Ryan, co. Limerick; P. R. Cairns, Galashiels; A. A. Fernie, India; and A. J. Troughton, Norfolk.

*Final Examination.*—Of 76 candidates, the following 38 passed, and were admitted L.R.C.P. and S.E., and L.F.P. and S.G.: Beatrice M. Harrison, Brighton; W. D. Sweeney, co. Mayo; G. S. Crawford, co. Antrim; J. Orr, co. Antrim; S. Kirkpatrick, Sligo; P. Ukariji, Bombay; C. J. van Colter, Cape Colony; T. J. Davies, Llanrwst; W. Thyne, London; P. Stainsby, Saitair; V. E. Barrow, Madras; A. A. Macleod, Greenock; J. Reid, Argyllshire; W. Buck, Boston, Lincs.; W. Melville, Bo'ness; J. B. Smith, Montrose; P. R. Crofton, co. Roscommon; D. L. Heggie, Brampton, Canada; L. D. L. Ellis, Manchester; A. B. Masani, Bombay; P. G. Mahoney, Maliporam; P. J. Hatton, Birkenhead; W. B. Rotheroe, Queens-town; J. White, Easdale, Argyllshire; A. Dennison, Leeds; R. Johnson, York; W. J. Evans, co. Limerick; Margaret Ida Balfour, Edinburgh; C. R. Martin, Dublin; A. H. Barstow, Spofforth, Harrogate; T. B. Brooke, Cambridgeshire; J. A. Fink, Calcutta; M. B. Gorman, Castletownroche, Cork; J. W. Lewis, Cardiganshire; T. Hamilton, co. Tyrone; J. Barry, Ireland; W. R. W. James, Bangalore; and R. M. Alnes, Rosshire.

## MEDICO-PARLIAMENTARY.

### HOUSE OF COMMONS, Friday, April 17th.

*The Factories and Workshops Bill.*—MR. SUMMERS called the attention of the Secretary of State for the Home Department to a passage in the last report of the Committee of Council on Education, in which regret was expressed that the attendance of so many children of 10 years of age and upwards was discontinued as soon as, by passing the prescribed standard, they were freed from the obligation to attend school, and became entitled to go to work; and whether he would take the facts cited in the report into consideration in connection with any proposals that might be made to amend the Factories and Workshops Bill. MR. MATTHEWS said the hon. member was doubtless aware that the effect of the Factories Act was that children between 10 and 13, if they were employed in a factory, were obliged to continue half-time attendance at school, whereas outside a factory a child of 10, as soon as he had passed the prescribed standard, was free from the obligation to attend school, and might enter upon full-time employment. The raising of the age at which a child could be employed in a factory from 10 to 12 would have the effect (in factory districts) of increasing the number of cases deplored by the Committee of Council, because every child between 10 and 12 who could pass the prescribed standards would betake himself to other employment, whereas if those children were employed in a factory between 10 and 12 they would probably continue that employment, and also their attendance at school, up to 13.

### Monday, April 20th.

*Rank of Army Medical Officers.*—MR. BARTLEY asked the Secretary of State for War whether he proposed to grant to army medical officers the composite titles suggested by Lord Camperdown's Committee?—MR. E. STANHOPE said he was quite ready to recommend to her Majesty the grant of composite military and medical titles if such a concession meets the wishes of the officers of the Army Medical Staff, but he was met with the difficulty that this concession, although asked for in Sir Andrew Clark's letter of January 17th last, appeared to be repudiated in his later letter of March 7th. These officers, he should state, had not approached him or his Royal Highness the Commander-in-Chief through any recognised

## MEDICAL NEWS.

At the examination for inspectors of nuisances held by the Sanitary Institute on April 10th and 11th, 89 candidates presented themselves, and 60 passed.

**ROYAL INSTITUTION.**—Dr. E. Klein, F.R.S. (Lecturer on Physiology at St. Bartholomew's Hospital), will begin a course of three lectures on "Bacteria, their Nature and Functions" (the Tyndall Lectures), on April 28th.

**NORTH OF ENGLAND OBSTETRICAL AND GYNÆCOLOGICAL SOCIETY.**—The June meeting of this Society will be held in Hull, on June 19th. Dr. Lowson, 15, Albion Street, Hull, will act as local secretary.

**MUSSEL POISONING.**—A tradesman at Willington, named Mockett, aged 51, has died suddenly after eating three mussels. The symptoms and *post-mortem* appearances were stated to be consistent with mussel poisoning.

**ARTIFICIAL COLORATION OF WINE.**—The Italian Minister of the Interior has sent a circular to all the prefects of the kingdom reminding them that under the new sanitary law the artificial coloration of wine is absolutely prohibited.

**HOSPITAL HYGIENE IN ST. PETERSBURG.**—It is stated that the hospital authorities in St. Petersburg have decided to have the walls, ceilings, and floors enamelled in all wards where cleanliness and strict precautions against possibilities of infection are particularly required.

**PROPHYLAXIS OF DIPHTHERIA.**—At a recent meeting of the Council of Public Hygiene and Salubrity of the Department of the Seine, Dr. L. Colin expressed the opinion that the clothes of children suffering from diphtheria should be burnt, as they are frequently the means of conveying the disease to other persons.

**LORD STANLEY OF ALDERLEY** will, it is stated, on an early day, call the attention of the House of Lords to certain portions of the evidence taken before the Royal Commission on Vaccination, and ask whether the Government will provide debtor's treatment, instead of criminal treatment, for persons imprisoned under the Vaccination Acts.

**HYPNOTISM AT LYONS.**—Dr. Gailletein, Mayor of Lyons, has directed that the following declaration be posted on the walls of city: "The *séances* of hypnotism and suggestion held in the *cafés-concerts* of Lyons are indecent and injurious. All proprietors of such establishments are forbidden to sanction such exhibitions, or any similar proceedings."

**THE BIRMINGHAM WATER SUPPLY.**—The Birmingham City Council have approved of the scheme of the Water Committee for obtaining a supply of water for the City from the sources of the Elan and Claerwen, and authorised the taking of the necessary steps to promote a Bill in Parliament for the purpose.

**NEW FEVER HOSPITAL FOR LONDON.**—At the last fortnightly meeting of the Metropolitan Asylums Board it was decided, subject to the approval of the Local Government Board, to purchase land at South Tottenham at a cost of £12,000, for the purpose of erecting a fever hospital. Twelve cases of small-pox, as compared with six in the two preceding weeks, were reported; four came from Rotherhithe.

**DEVON AND EXETER MEDICO-CHIRURGICAL SOCIETY.**—A meeting of this Society was held at the Devon and Exeter Hospital on April 17th, Dr. Davy, President, in the chair. Two new members were elected. Dr. Woodman read notes of a case of perinephritic abscess simulating psoas abscess, and the case was shown. Dr. Mortimer read notes of Addison's disease, with special reference to the occupation of the sufferers. Mr. Harris referred to the radical cure of hernia in young children, and showed a case recently operated upon successfully. Mr. Domville showed a cheap form of artificial apparatus for a case of double amputation of the lower limbs.

**DEATHS IN THE PROFESSION ABROAD.**—Among the members of the medical profession in foreign countries who have recently died are Dr. Ransom Dexter, of Chicago, a surgeon of wide reputation in the United States; Dr. Rull, formerly Professor of Midwifery in the Medical Faculty of Barcelona;

Dr. Heinrich Luczkiewicz, some time Professor of Pathology in the University of Warsaw, and for many years editor of the *Gazeta lekarska*, aged 65; and Dr. Kalning, of Dorpat, of glanders contracted during a bacteriological investigation conducted by him in the Veterinary School of that town.

The inquiry ordered by the Local Government Board into the alleged maladministration at the Eastern Fever Hospital, Homerton, conducted by Mr. Hedley and Dr. Bridges was concluded on April 20th, when it was stated that a report would be made to the Local Government Board, who would in due course communicate it to the Managers of the Metropolitan Asylums Board and to the Hackney Guardians.

**NEW HOSPITAL IN VIENNA.**—A new hospital has within the last few days been opened in Vienna. It is called the "Wilhelminenspital" in honour of the Princess Wilhelmine Montleart von Sachsen-Kurland, to whose munificence it chiefly owes its existence. The hospital contains 120 beds, but in case of need it can accommodate 300 patients. Professor Maydl is medical director, and head of the surgical section of the new institution; and Dr. Toelg has charge of the medical section.

**PUBLIC HEALTH IN RUSSIA.**—On April 14th the two laboratories established in St. Petersburg by the Town Council for the microscopic examination of pig's flesh were formally opened and began their work. As pork and ham are largely consumed in Russia during Eastertide, there was plenty of material for the experts to flesh their scientific swords upon. Stimulated by the excellent example set by the capital of the empire, the ancient city of Moscow has now decided to establish a "Central Analytical Station for the Examination of Food Stuffs." The cost of equipment is estimated at 9,000 roubles, and that of maintenance at 8,500 roubles a year.

### MEDICAL VACANCIES.

The following Vacancies are announced:

**BIRMINGHAM AND MIDLAND FREE HOSPITAL FOR SICK CHILDREN,** Steelhouse Lane, Birmingham.—Acting Physician. Salary, £60 per annum. Applications to the Medical Committee by May 6th.

**CANCER HOSPITAL (Free),** Fulham Road, S.W.—House-Surgeon. Appointment for six months. Salary at rate of £60 per annum, with board and residence. Applications to the Secretary by May 9th.

**CANCER HOSPITAL (Free),** Fulham Road, S.W.—Assistant House-Surgeon and Registrar. Appointment for six months. Salary at rate of £50 per annum, with board and residence. Applications to the Secretary by May 9th.

**CITY OF LONDON LUNATIC ASYLUM,** Stone, near Dartford, Kent.—Clinical Assistant for six months. Board, lodging, washing, and attendance provided. Apply to Dr. Ernest White, Medical Superintendent.

**COUNTY BOROUGH OF BRADFORD FEVER HOSPITAL.**—Resident Medical Superintendent; double qualifications. Applications, endorsed "Resident Medical Superintendentship," to the Chairman of the Sanitary Committee, Town Clerk's Office, Bradford, by April 27th.

**GLAMORGANSHIRE AND MONMOUTHSHIRE INFIRMARY,** Cardiff.—Assistant House-Surgeon. Board, lodging, and washing provided. Appointment for six months. Applications to G. T. Coleman, Secretary, by April 27th.

**GREAT YARMOUTH HOSPITAL.**—Resident House-Surgeon; unmarried. Salary, £90 per annum, with board and lodging. Applications to Ernest E. Leech, Honorary Secretary, by May 12th.

**HULME DISPENSARY,** Manchester.—Honorary Surgeon. Applications to Dr. F. H. Collins, Honorary Secretary Medical Committee, by May 1st.

**JENNY LIND INFIRMARY FOR SICK CHILDREN,** NORWICH.—Physician. Applications to Edmund Reeve, Honorary Secretary, 25, Surrey Street, Norwich, at least fourteen days before election on May 12th.

**KING'S COLLEGE HOSPITAL.**—Sambrooke Medical Registrar. Applications from King's College students, to J. W. Cunningham, Secretary, King's College, London.

**KING'S COLLEGE, London.**—Demonstrator of Public Health. Applications to J. W. Cunningham, Secretary.

**NEW HOSPITAL FOR WOMEN,** 144, Euston Road, N.W.—Female Resident Medical Officer; qualified. Application to Margaret M. Bagster, Secretary, by April 27th.

**NOBLE'S ISLE OF MAN GENERAL HOSPITAL AND DISPENSARY,** Douglas, Isle of Man. Resident House-Surgeon; unmarried. Salary £90 per annum, with apartments, gas, coals, and washing. Applications to T. Brown, Honorary Secretary, by April 26th.

**NORFOLK AND NORWICH HOSPITAL,** Norwich.—Physician. Applications to Howard J. Collins, Secretary, at least fourteen days before the election, which takes place on April 25th.

**NOTTINGHAM BOROUGH ASYLUM,** Mapperley Hill.—Resident Clinical Assistant; double qualifications; board and residence provided. Applications to the Medical Superintendent.

**QUEEN'S COLLEGE, Birmingham.**—Professor of Medicine. Applications to Professor B. C. A. Windle, Dean of the Faculty, by May 16th.

**ROYAL LONDON OPHTHALMIC HOSPITAL, Moorfields, E.C.**—Clinical Assistant. Applications to the Honorary Secretary of the Hospital by April 29th.

**SICK CHILDREN'S HOSPITAL, Newcastle-on-Tyne.**—Resident Medical Officer; double qualifications. Salary, £80 per annum, with board, lodging, and laundry. Applications to the Secretary, 10, Moseley Street, Newcastle-on-Tyne, by May 1st.

**SUSSEX COUNTY HOSPITAL, Brighton.**—House-Surgeon, double qualifications; unmarried and under thirty years of age. Salary, £120 per annum, rising to £140, with board, residence and washing. Applications to Lieutenant-General E. F. Bouchier, Secretary, by April 29th.

**SUSSEX COUNTY HOSPITAL, Brighton.**—Assistant House-Surgeon; double qualifications; unmarried; and under 30 years of age. Board, residence, and washing provided. Applications to the Secretary by May 6th.

**SUSSEX COUNTY HOSPITAL, Brighton.**—House-Physician; double qualifications; unmarried, and under 30 years of age. Salary, £80, rising to £85, per annum, with board, residence, and washing. Applications to the Secretary by May 6th.

**VICTORIA (Ebbw Vale, Mon.).**—Surgeon; fully qualified; married; to take charge of Iron Works and Colliery District. Salary, £500 per annum; will be required to keep qualified assistant and provide drugs. Application to Wm. Dayson, Secretary, Ebbw Vale Works Doctor's Fund, Ebbw Vale, Mon.

**WALLASEY DISPENSARY.**—House-Surgeon; unmarried. Salary, £110 per annum, with furnished apartments, coal, and gas. Applications to the Honorary Secretary, Mr. W. Heap, Elm Mount, Ponkett Road, Liscard, Cheshire, by April 27th.

**WEST HERTS INFIRMARY, Hemel Hempstead.**—House-Surgeon and Dispenser; double qualifications; unmarried. Salary, £100 per annum, with board, furnished rooms, fire, lights, attendance, and washing. Applications to the Secretary by May 6th.

**WESTERN SKIN HOSPITAL, Great Portland Street, W.**—Honorary Physician. Applications to the Chairman of Committee by April 28th.

**WOLVERHAMPTON EYE HOSPITAL.**—Resident Assistant; rooms, with board and washing, provided. Appointment for not less than six, nor more than twelve, months. Applications to the Secretary by April 30th.

**YORK DISPENSARY.**—Resident Medical Officer; unmarried. Salary, £130 per annum, with furnished apartments, coals, and gas. Applications to S. W. North, Esq., 84, Micklegate, York, by May 1st.

#### MEDICAL APPOINTMENTS.

**BALFOUR, T. Stevenson, M.B., C.M.,** appointed House-Surgeon to the Edinburgh Royal Maternity and Simpson Memorial Hospital.

**BARRITT, Gilbert Lacy, L.R.C.P.Lond., M.R.C.S.Eng.,** appointed Medical Officer for the Spalding Workhouse and the Eastern District of the Spalding Union.

**BERRY, Edmund, L.R.C.S.I., L.F.P.S.Glas.,** reappointed Medical Officer of Health for Leyland.

**BROCK, W. J., M.B., C.M.Édin., B.Sc., F.F.P.S.Glas.,** appointed Medical Officer of Health for the combined counties of Mid-Lothian, West Lothian, and Peebles.

**BUTTERFIELD, Harris, M.R.C.S.Eng., L.S.A.,** reappointed Medical Officer of Health for the West Kent Combined Sanitary District of the Seven-oaks Union.

**BUTTERFIELD, Harris, M.R.C.S.Eng., L.S.A.,** reappointed Medical Officer of Health to the Maidstone Rural Sanitary Authority.

**DAVIES, Edward, M.D.St.And., M.R.C.S.Eng.,** reappointed Medical Officer for the Second Rural District of the Union.

**EATON, James, M.R.C.S.Eng., L.S.A.,** reappointed Medical Officer of Health to the Grantham Rural Sanitary Authority.

**EVANS, Wm. Arnold, M.D.Lond., M.R.C.S.Eng.,** appointed Medical Officer of Health for Bradford, *vice* Dr. MacLintock.

**Fox, Herbert, M.B., B.C.Camb.,** appointed House-Surgeon to the East Suffolk and Ipswich Hospital, *vice* H. G. Critchley, M.A., M.B.

**GARRY, William Alfred, L.K.Q.C.P.I., L.R.C.S.I.,** appointed Assistant Medical Officer to the Salford Union Infirmary.

**GILL, James McDonald, M.B.Lond.,** appointed Resident Clinical Assistant to the Bethlem Hospital.

**GODFREY, Henry J. C., L.R.C.P.Édin., M.R.C.S.Eng.,** appointed Medical Officer for the Second District of the Bridlington Union.

**HESLOP, Wm. John, L.R.C.P.I., F.R.C.S.Édin.,** reappointed Medical Officer of Health for the Stretford Union District.

**HOLMES, Thomas D. H., M.B., C.M.Édin.,** appointed House-Surgeon to the Bridgewater Infirmary, *vice* Mr. T. E. Spencer, resigned.

**KLOSTER, Olaf, M.R.C.S., L.R.C.P.,** appointed Resident House-Surgeon to the Deaconesses' Institution and Hospital, Tottenham, *vice* G. Ritchie Thomson, M.B., C.M.Édin.

**LANGWELL, H. G., M.B., C.M.,** appointed House-Surgeon to the Edinburgh Royal Maternity and Simpson Memorial Hospital.

**LLOYD, Percival A., F.R.C.S.Eng.,** appointed Surgeon to the Pembrokeshire and Haverfordwest Infirmary.

**MCALISTER, W. R. A., M.D., M.Ch.Irel.,** appointed Medical Officer of Sheils Institution, Carrickfergus.

**MACINTYRE, John, M.B., C.M.Glas.,** appointed Lecturer on Diseases of the Throat and Nose, Anderson's College Medical School, Glasgow.

**MADGSON, Minnie, M.B.Lond.,** appointed Resident House-Surgeon to the Clapham Maternity Hospital.

**MORROW, John Smyth, B.A., M.B.,** appointed House Physician to the Belfast Royal Hospital, *vice* W. A. Wheeler, resigned.

**NUTHALL, Robert L. S., M.R.C.S.Eng., L.R.C.P.Lond.,** appointed Fifth Assistant Medical Officer to Hanwell Asylum.

**POTTS, W. J., M.R.C.S., L.R.C.P.,** appointed Resident Medical Officer to the New Bridge Street Wards, and Assistant Medical Officer to the Crumpsall Infirmary, Manchester Workhouse.

**ROPER, Wm. Robert, M.D.,** appointed Medical Officer for the Madingley District of the Chesterton Union.

**SAYRES, A. W. F., M.R.C.S., L.R.C.P.,** appointed Assistant House-Surgeon to the South Devon and East Cornwall Hospital, *vice* Charles Brooks.

**SHEPPARD, Mr.,** appointed Medical Officer of Health to the New Forest Rural Sanitary Authority.

**SIMPSON, J. B., M.A., M.B., C.M.Édin.,** appointed Medical Officer of Health for the District of Ballackulish and Glencoe.

**SMITH, Mary, L.R.C.P.&S.Édin., L.F.P.S.G.,** appointed Assistant Physician to the Clapham Maternity Hospital.

**THOMPSON, Joseph, L.R.C.P.Lond., M.R.C.S.Eng.,** appointed Surgeon to the General Hospital, Nottingham, *vice* T. Wright, resigned.

**TILL, George Wm., L.R.C.P.Édin., L.F.P.S.Glas.,** appointed Medical Officer of Health for the Rural Sanitary of the Worcester Union, *vice* Dr. Strange.

**VANN, Alfred Mason, M.R.C.S.Eng., L.S.A.,** appointed *pro tem.* Assistant Medical Officer for the Brandon Union District, Durham.

**WHITTINGDALE, John F. L., B.A., M.B.Camb., M.R.C.S.Eng.,** appointed Medical Officer of Health for Sherborne, Dorset.

**WILLIAMS, D. J., M.R.C.S., L.R.C.P.Lond.,** appointed Junior Assistant Medical Officer to the County Asylum, Shrewsbury, *vice* Alfred Walter Campbell, M.B.Édin.

**WILLIAMS, F. M., L.R.C.P.Édin., M.R.C.S.Eng., D.P.H.Camb.,** appointed Medical Officer of Health to Plymouth Town Council and the Port Sanitary Authority.

#### DIARY FOR NEXT WEEK.

##### MONDAY.

**MEDICAL SOCIETY OF LONDON, 8.30 P.M.**—Dr. T. Elliott (Tunbridge Wells): A Case of Ectopia Viscerum. Mr. W. Whitehead (Manchester): One Hundred Cases of Entire Excision of the Tongue.

**ODONTOLOGICAL SOCIETY OF GREAT BRITAIN, 40, Leicester Square, W.C., 8 P.M.**—Paper: Mr. D. N. Cauch, L.D.S.Irel.: On Exostosis, with microscopic slides and photographs. Casual communications—Mr. J. Bland Sutton: Odontome in a Horse. Mr. Morton Smale: A Case of Injury to Temporo-maxillary Articulation at  $\frac{3}{4}$  Years, causing closure of the jaw. Mr. Stockton: Cases of Absorption of the Permanent Teeth. Mr. David Hepburn: A Case of Attrition in the first Dentition. Mr. C. V. Cotterell: Converter for Electric Mallet.

##### TUESDAY.

**ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8.30 P.M.**—Mr. Watson Cheyne: On the Value of Tuberculin in the Treatment of Surgical Tuberculous Diseases. Note.—A selection of patients will be shown in the North Room, at 8 o'clock.

##### WEDNESDAY.

**THE HOSPITALS ASSOCIATION, Guy's Hospital, 8 P.M.**—Dr. Steele: Hospital Ventilation, with an Account of the Victoria Infirmary at Glasgow. Mr. Saxon Snell: The Nursing Departments of Hospitals.

##### FRIDAY.

**WEST LONDON MEDICO-CHIRURGICAL SOCIETY, West London Hospital, 8 P.M.**—Dr. Symons Eccles: Chronic Rheumatic Arthritis. Mr. J. R. Lunn: Notes of Two Cases of Appendicitis. Mr. Towers-Smith: The Dietetic Treatment of Obesity.

#### BIRTHS, MARRIAGES, AND DEATHS.

*The charge for inserting announcements of Births, Marriages, and Deaths is 3s. 6d., which sum should be forwarded in Post Office Order or Stamps with the notice not later than Wednesday morning, in order to insure insertion in the current issue.*

##### BIRTH.

**GREATHEAD.**—The wife of J. B. Greathead, M.B.Édin., M.R.C.S.Eng., of a son, on March 28th, at Grahamstown, South Africa.

##### MARRIAGES.

**ADAMS—WHYTE.**—On March 12th, at St. Thomas's Cathedral, Bombay, by the Rev. F. C. Hill, Chaplain to the Bishop of Bombay, Charles Adams, M.B., LL.B.Dublin, F.R.C.S.I., son of the late Andrew Adams, Esq., Tinaquin, co. Tyrone, to Maude de Wyte, second daughter of the late Major John L. A. Whyte, J.P., co. Clare and Bray, Ireland.

**DRAKE-BROCKMAN—CHESNAYE.**—On March 31st, at St. Mary Magdalene's Church, Mean-Meer, Punjab, by the Rev. H. J. Spence-Gray, M.A., H. E. Drake-Brockman, F.R.C.S.E., Surgeon, Her Majesty's Bengal Medical Service, to May Kathleen, only daughter of Deputy Surgeon-General G. C. Chesnaye, F.R.C.S.I., Bengal Medical Service, P.M.O., Lahore District, and Honorary Surgeon to His Excellency the Viceroy of India.

**FRANCIS—MARCON.**—On April 14th, at St. Paul's Church, St. Leonard's-on-Sea, Alfred George Francis, B.A.Cantab., M.B., B.S.Lond., F.R.C.S.Eng., of Hull, son of the late Charles W. Francis, of Southchurch, Essex, to Frederica Jane, daughter of the late Rev. Walter Marcon, M.A.Oxon., Rector of Edgely, Norfolk.

##### DEATH.

**ALLINGHAM.**—At Pisa, Italy, on April 13th, after a short illness, Christiana, wife of Wm. Allingham, F.R.C.S.Eng., of Grosvenor Street, W.



## HOURS OF ATTENDANCE AND OPERATION DAYS AT THE LONDON HOSPITALS.

- CANCER, Brompton (Free).** *Hours of Attendance.*—Daily, 2. *Operation Days.*—Tu. S., 2.
- CENTRAL LONDON OPHTHALMIC.** *Operation Days.*—Daily, 2.
- CHARING CROSS.** *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 1.30; Skin, M., 1.30; Dental, M. W. F., 9; Throat and Ear, F., 9.30. *Operation Days.*—W. Th. F., 3.
- CHELSEA HOSPITAL FOR WOMEN.** *Hours of Attendance.*—Daily, 1.30. *Operation Days.*—M. Th., 2.30.
- EAST LONDON HOSPITAL FOR CHILDREN.** *Operation Day.*—F., 2.
- GREAT NORTHERN CENTRAL.** *Hours of Attendance.*—Medical and Surgical, M. Tu. W. Th. F., 2.30; Obstetric, W., 2.30; Eye, Tu. Th., 2.30; Ear, M. F., 2.30; Diseases of the Skin, W., 2.30; Diseases of the Throat, Th., 2.30; Dental Cases, W., 2. *Operation Day.*—W., 2.
- GUY'S.** *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu., 1; Skin, Tu., 1; Dental, daily, 9; Throat, F., 1. *Operation Days.*—(Ophthalmic), M. Th., 1.30; Tu. F., 1.30.
- HOSPITAL FOR WOMEN, SOHO.** *Hours of Attendance.*—Daily, 10. *Operation Days.*—M. Th., 2.
- KING'S COLLEGE.** *Hours of Attendance.*—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, daily, 1.30; o.p., Tu. W. F. S., 1.30; Eye, M. Th., 1.30; Ophthalmic Department, W., 2; Ear, Th., 2; Skin, F., 1.30; Throat, F., 1.30; Dental, Tu. Th., 9.30. *Operation Days.*—Tu. F. S., 2.
- LONDON.** *Hours of Attendance.*—Medical, daily, exc. S., 2; Surgical, daily, 1.30 and 2; Obstetric, M. Th., 1.30; o.p., W. S., 1.30; Eye, Tu. S., 9; Ear, S., 9.30; Skin, Th., 9; Dental, Tu., 9. *Operation Days.*—M. Tu. W. Th. S., 2.
- METROPOLITAN.** *Hours of Attendance.*—Medical and Surgical, daily, 9; Obstetric, W., 2. *Operation Day.*—F., 9.
- MIDDLESEX.** *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetric, M. Th., 1.30; o.p., M. F., 9. W., 1.30; Eye, Tu. F., 9; Ear and Throat, Tu., 9; Skin, Tu., 4. Th., 9.30; Dental, M. W. F., 9.30. *Operation Days.*—W., 1, S., 2; (Obstetric), W., 2.
- NATIONAL ORTHOPEDIC.** *Hours of Attendance.*—M. Tu. Th. F., 2. *Operation Day.*—W., 10.
- NORTH-WEST LONDON.** *Hours of Attendance.*—Medical and Surgical, daily, 2; Obstetric, W., 2; Eye, W., 2; Skin, Tu., 2; Dental, F., 9. *Operation Day.*—Th., 2.30.
- ROYAL FREE.** *Hours of Attendance.*—Medical and Surgical, daily, 2; Diseases of Women, Tu. S., 9; Eye, M. F., 9; Dental, Th., 9. *Operation Days.*—W. S., 2; (Ophthalmic), M. F., 10.30; (Diseases of Women), S., 9.
- ROYAL LONDON OPHTHALMIC.** *Hours of Attendance.*—Daily, 9. *Operation Days.*—Daily, 10.
- ROYAL ORTHOPEDIC.** *Hours of Attendance.*—Daily, 1. *Operation Day.*—M., 2.
- ROYAL WESTMINSTER OPHTHALMIC.** *Hours of Attendance.*—Daily, 1. *Operation Days.*—Daily.
- ST. BARTHOLOMEW'S.** *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., W. S., 9; Eye, W. Th. S., 2.30; Ear, Tu. F., 2; Skin, F., 1.30; Larynx, F., 2.30; Orthopaedic, M., 2.30; Dental, Tu. F., 9. *Operation Days.*—M. Tu. W. S., 1.30; (Ophthalmic), Tu. Th., 2.
- ST. GEORGE'S.** *Hours of Attendance.*—Medical and Surgical, M. Tu. F. S., 12; Obstetric, Th., 2; o.p., Eye, W. S., 2; Ear, Tu., 2; Skin, W., 2; Throat, Th., 2; Orthopaedic, W., 2; Dental, Tu. S., 9. *Operation Days.*—Th., 1; (Ophthalmic), F., 1.15.
- ST. MARK'S.** *Hours of Attendance.*—Fistula and Diseases of the Rectum, males, W., 8.45; females, Th., 8.45. *Operation Days.*—M. Tu., 2.30.
- ST. MARY'S.** *Hours of Attendance.*—Medical and Surgical, daily, 1.45; o.p., 1.30; Obstetric, Tu. F., 1.45; Eye, Tu. F. S., 9; Ear, M. Th., 3; Orthopaedic, W., 10; Throat, Tu. F., 1.30; Skin, M. Th., 9.30; Electro-therapeutics, Tu. F., 2; Dental, W. S., 9.30; Consultations, M., 2.30. *Operation Days.*—Tu., 1.30; (Orthopaedic), W., 11; (Ophthalmic), F., 9.
- ST. PETER'S.** *Hours of Attendance.*—M., 2 and 5. Tu., 2. W., 2.30 and 5. Th., 2. F. (Women and Children), 2. S., 3.30. *Operation Day.*—W., 2.
- ST. THOMAS'S.** *Hours of Attendance.*—Medical and Surgical, daily, exc. W. and S., 2; Obstetric, Tu. F., 2; o.p., W. S., 1.30; Eye, Tu., 2; o.p., daily, exc. S., 1.30; Ear, M., 1.30; Skin, F., 1.30; Throat, Tu. F., 1.30; Children, S., 1.30; Dental, Tu. F., 10. *Operation Days.*—W. S., 1.30; (Ophthalmic), Tu., 4, F., 2; (Gynaecological), Th., 2.
- SAMARITAN FREE FOR WOMEN AND CHILDREN.** *Hours of Attendance.*—Daily, 1.30. *Operation Day.*—W., 2.30.
- THROAT, Golden Square.** *Hours of Attendance.*—Daily, 1.30; Tu. and F., 6.30; *Operation Day.*—Th., 2.
- UNIVERSITY COLLEGE.** *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetrics, M. W. F., 1.30; Eye, M. Th., 2; Ear, M. Th., 9; Skin, W., 1.45; S., 9.15; Throat, M. Th., 9; Dental, W., 9.30; *Operation Days.*—W. Th., 1.30; S., 2.
- WEST LONDON.** *Hours of Attendance.*—Medical and Surgical, daily, 2; Dental, Tu. F., 9.30; Eye, Tu. Th. S., 2; Ear, Tu., 10; Orthopaedic, W., 2; Diseases of Women, W. S., 2; Electric, Tu., 10, F., 4; Skin, F., 2; Throat and Nose, S., 10. *Operation Days.*—Tu. F., 2.30.
- WESTMINSTER.** *Hours of Attendance.*—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1; Eye, M. Th., 2.30; Ear, M., 9; Skin, W., 1, Dental, W. S., 9.15. *Operation Days.*—Tu. W., 2.

## LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMUNICATIONS FOR THE CURRENT WEEK'S JOURNAL SHOULD REACH THE OFFICE NOT LATER THAN MIDDAY POST ON WEDNESDAY. TELEGRAMS CAN BE RECEIVED ON THURSDAY MORNING.

COMMUNICATIONS respecting editorial matters should be addressed to the Editor, 429, Strand, W.C., London; those concerning business matters, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 429, Strand, W.C., London.

In order to avoid delay, it is particularly requested that all letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL, and not to his private house.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate beforehand with the Manager, 429, Strand, W.C.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

CORRESPONDENTS not answered are requested to look to the Notices to Correspondents of the following week.

MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

PUBLIC HEALTH DEPARTMENT.—We shall be much obliged to Medical Officers of Health if they will, on forwarding their Annual and other Reports, favour us with duplicate copies.

Queries, answers, and communications relating to subjects to which special departments of the BRITISH MEDICAL JOURNAL are devoted, will be found under their respective headings.

### QUERIES.

#### EXAMINATION FOR F.R.C.S. ENG.

APOMORPHINE asks to be recommended works on anatomy or physiology to be read for the Fellowship of the College of Surgeons, England.

\*Gray's *Anatomy*, Holden and Langton's *Manual of Dissection*, Foster's *Physiology*, and Quain's *Anatomy for Histology*.

### ANSWERS.

LONG SUFFERER is recommended to consult a physician.

STUDENT should study the article on hydrophobia in a textbook of medicine—for instance, Dr. Bristowe's; and also read the chapter on Hysteria.

#### TREATMENT OF FERMENTATIVE DYSPESIA.

DR. T. B. O'CONNOR (Piccadilly, W.) writes in reply to "Nil Desperandum":—"I would recommend him to try creolin in capsules (Jeyes' Sanitary Compound Company), or Hamilton's preparation of pepsine, if he has not already tried these remedies.

MR. G. SHERMAN BIGG, F.R.C.S.E. (Victoria Street, S.W.), writes: The treatment of this affection depends entirely on the extent of the disease. In mild cases, 10 grains of bicarbonate of soda, with 5 grains of rhubarb powder and two drops of laudanum in water, given twice a day, is a useful remedy. For more severe cases chalk should be given before meals, and nitromuriatic acid, nux vomica, and gentian after meals. In obstinate cases a lead and opium pill should be given morning and evening, a dose of vegetable charcoal before each meal, and the acid mixture after meals. It is sometimes useful to give an alkali mixture before meals, and the acid mixture after meals. Attention to diet is most essential. Meat should be avoided, and fluids taken only in small quantities. Hot drinks and all wines and spirits aggravate the disease. Milk should be mixed with equal parts of lime water, but koumiss is better than milk, which often acts as an irritant. Should the disease not yield to one of these methods of treatment, the patient's food should be restricted to koumiss or milk and lime water, but it is seldom necessary to resort to this extreme measure.

MR. ERNEST A. MILNER, M.B.E.D. (Leavesden Asylum), writes: In reply to "Nil Desperandum" in the BRITISH MEDICAL JOURNAL of April 18th, I would recommend him to try washing out the stomach with warm-water, coloured pink with Condy's fluid, the washing to be repeated once or twice a day at first, four or five hours after taking food, and continued at each sitting till the water returns pink from the stomach. The soft rubber siphon apparatus is much safer than the stomach pump, as the walls of the stomach are thinned and stretched, and have lost their muscular tone, for which reason also care must be taken not to overfill the stomach.

This treatment may with benefit be supplemented, for a time, by the use of pepsin or peptonised foods. The nausea and retching caused by the presence of the tube may often be relieved by letting the patient suck a small pad of cotton wool, soaked in a weak solution of cocaine, for five or ten minutes before commencing.

This treatment is largely used at the Edinburgh Royal Infirmary in cases of dilatation of the stomach, however caused. As the symptoms are all traceable to the presence in the stomach of a large quantity of half-digested and fermented food, giving off very foul gas and setting up great irritation, this seems the most rational form of treatment, imitating, as it does, Nature's attempts at relief—namely, vomiting—by removing the offending material, and so allowing the muscular coat to regain its tonicity, thus reducing the stomach to its normal size, and enabling the mucous membrane and glands to return to a healthy condition.

This complete result can, of course, only be looked for in tolerably recent cases. Cases due to malignant stricture of the pylorus and old-

minute, then less frequently, or in diminished doses, and liquor ammoniac acetatis (concent.) in from 10 to 15-minim doses. I add iron if the secretion begins to become abundant or watery, and if cyanosis threatens I give iron only. I order a diet of milk every three or four hours, and toast-water between times. I especially carefully avoid all stimulants, for the reason that all inflammatory disorders require depressant not stimulant treatment. Finally, I never take a temperature.

#### THE EFFICACY OF VACCINATION.

DR. CECIL DIGBY (Hednesford) writes: Until reading the articles in the BRITISH MEDICAL JOURNAL on the Royal Commission on Vaccination, I was unaware that the want of belief in the efficacy of vaccination as a prevention of small-pox was still so widespread; the following facts go some way in proving its usefulness. In the town of Lagos, West Africa, numerous cases of small-pox occurred every year; towards the middle of 1884 and during the following years a very thorough system of vaccination was carried out by means of house-to-house vaccination throughout the whole town, and inspection and vaccination of all unvaccinated strangers at the different canal landing places. This resulted in the number of cases falling in 1884, to 80; in 1885, to 7; in 1886, to 3; in 1887, to 1; and in 1888 there were no cases; the disused small-pox hospital being used as an asylum for lepers. In 1887, 55 Houssas (native constabulary) formed part of an expedition sent inland; I had previously examined and where necessary vaccinated or revaccinated 54 of these men; the expedition was three months away and passed through several native villages in which small-pox was present, with the result that the one man not inspected before starting was attacked by small-pox, the others being unaffected.

#### TRAUMATIC HEMATOCELE; CASTRATION; RECOVERY.

MR. MONTAGUE D. MAKUNA, M.R.C.S. Eng., L.R.C.P. Lond., Lic. Med. Bomb. Univ. (Treherbert), writes: A young man, aged 23, came under my observation with a scrotal tumour of four months' duration, caused by an accident. Having ascertained its nature, I injected cocaine hypodermically along the line of incision. The cut was painless; clots were removed, cavity washed with Sanitas lotion and plugged with lint. There was hydrocele of the cord, which was soon cleared away by the prick of a scalpel. Within a few days the cavity was refilled with clots, which were again removed, cocaine being freely used to render the operation painless, perchloride of iron applied to check oozing of blood, and the cavity plugged with lint. Unfortunately, it proved of no avail. On February 18th the patient was given chloroform, and with the assistance of Dr. A. Cook, of Cardiff, the incision was extended, and the testis found diseased and filled with clots. The cord, which was healthy, was tied with carbolised silk and cut. The sac was torn out from above downwards from the scrotal tissue without difficulty. This saved the hæmorrhage and the trouble of ligaturing the vessels, only one requiring torsion. The surface of the wound was freely dusted with iodoform with an insufflator and the edges brought together by five silver sutures. The drainage tube and the cord ligature were brought out together at the lowest end. The scrotum was covered with iodoform wool and bandaged. The drainage tube was removed the fourth day, no discharge having been observed, and the first dressing and sutures removed the eighth day. The ligature came away on the twelfth day, and the wound healed up by the first intention, the lowest part only requiring three dressings. The patient was discharged, having made a complete recovery.

#### LETTERS, COMMUNICATIONS, Etc., received from:

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#### BOOKS, Etc., RECEIVED.

Collected Contributions on Digestion and Diet. By Sir William Roberts M.D., F.R.S. London: Smith, Elder, and Co. 1891.  
Die Blennorrhöe der Sexualorgane und ihre Complicationen, von Dr. Ernst Finger. Zweite wesentlich vermehrte und verbesserte Auflage. Leipzig und Wien: F. Deuticke. 1891.  
Handbuch der allgemeinen und speciellen Arzneiverordnungslehre. Von Dr. C. A. Ewald. Berlin: A. Hirschwald. 1891.  
The Modern Antipyretics. By Isaac Ott, M.D. Easton, Pa.: E. D. Vogel. 1891.  
The Watering Places of the Vosges. By Henry W. Wolff. London: Longmans, Green and Co. 1891.

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